

**race for health**



**a transformational change programme**

# Haringey Teaching PCT Peer Review

19-20 November 2007

Outcome Paper

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# 1. INTRODUCTION

## The review

- 1.1. Haringey Teaching Primary Care Trust (HTPCT) hosted a Race for Health (RfH) Peer Review on 19<sup>th</sup> and 20<sup>th</sup> November 2007. Peer reviews are used within the programme to share learning and good practice between PCTs, and support the host PCT to identify areas of improvement and actions that could be taken to address them.
- 1.2. The review focused on three key themes:
  - **Developing a diverse workforce** – looking at some work the PCT has been doing with their Thinking Partner on the representation of BME staff throughout the organisation and differing levels of staff satisfaction;
  - **Employment pathways to health** – focusing on the way the PCT has used its Teaching Programme to help local people, particularly those from BME communities, access employment in the NHS: and
  - **Primary Care** – examining the way the PCT has used an Equality Impact Assessment to look at the ways its new 10-year Primary Care Strategy could affect different communities in the borough.
- 1.3. The purpose of this paper is to highlight the issues relating to these themes that were covered during the course of the review, and present the main findings and recommendations from the peer review team.

## Key questions

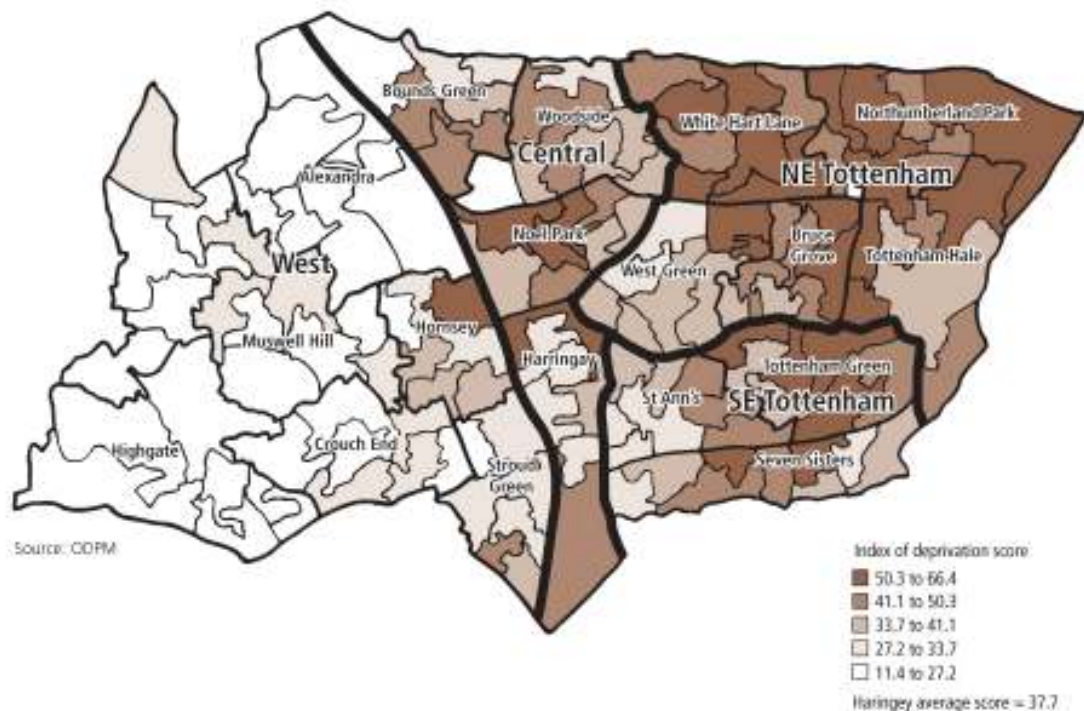
- 1.4. The key questions posed by the PCT for the review were as follows:

- In what ways has the work around workforce development helped the PCT to achieve **measurable improvements in workforce representation**, particularly at a senior level?
- What further work does the PCT need to do on workforce development to ensure **levels of satisfaction among BME and White employees** are equal?
- How has the Equality Impact Assessment **reduced equality gaps in service outcomes** in primary care?
- How does this work contribute to the PCT's progress in **tackling race inequalities** for its staff and service users, and what **challenges** does the PCT continue to face?

## 2. BACKGROUND AND CONTEXT

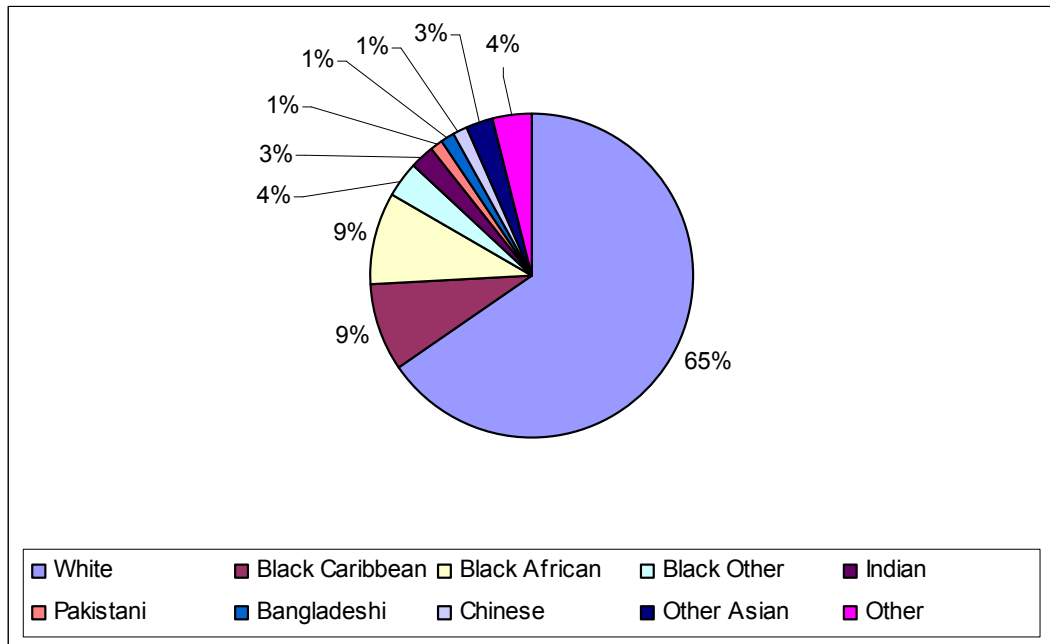
- 2.1. At the time of the last census (2001) there were 216,594 people living in Haringey. According to the GLA, this figure had risen to around 228,516 by 2006 and is expected to increase further over the next 20 years.
- 2.2. Haringey is classified as the thirteenth most deprived area in the country and the fifth most deprived in London (source: Indices of Multiple Deprivation 2004). Associated with this are relatively low life expectancy rates and a high level of other health indicators such as infant mortality and death rates from cancer and circulatory disease. However, there is a huge contrast between the East and West of the borough, with the West being much more affluent. The health indicators in the West part of the borough therefore suggest better outcomes for residents.

**Figure 1: Index of Deprivation Scores by Ward**



- 2.3. The population is considered to be relatively young compared with England as a whole, with 31.5% of the population under 25 and only 2.2% over the age of 80. This compares with 30% and 4.9% respectively for England and Wales. Children and young people (aged 0-19) predominantly live in the East of the borough, in some of the most deprived areas.
- 2.4. The population in Haringey is one of the most ethnically diverse in the country. There are over 190 different languages spoken across the borough and the GLA recently predicted that 34% of the population are from non-White groups. However, it is important to note that the White population in the borough is also very diverse, with an estimated 30% made up of Irish and other White groups, which include many European communities. As such, the GLA predicts that by 2021 those from non-White groups will make up 35% of the total population but the biggest proportional change will be in the 'other' ethnicity group.

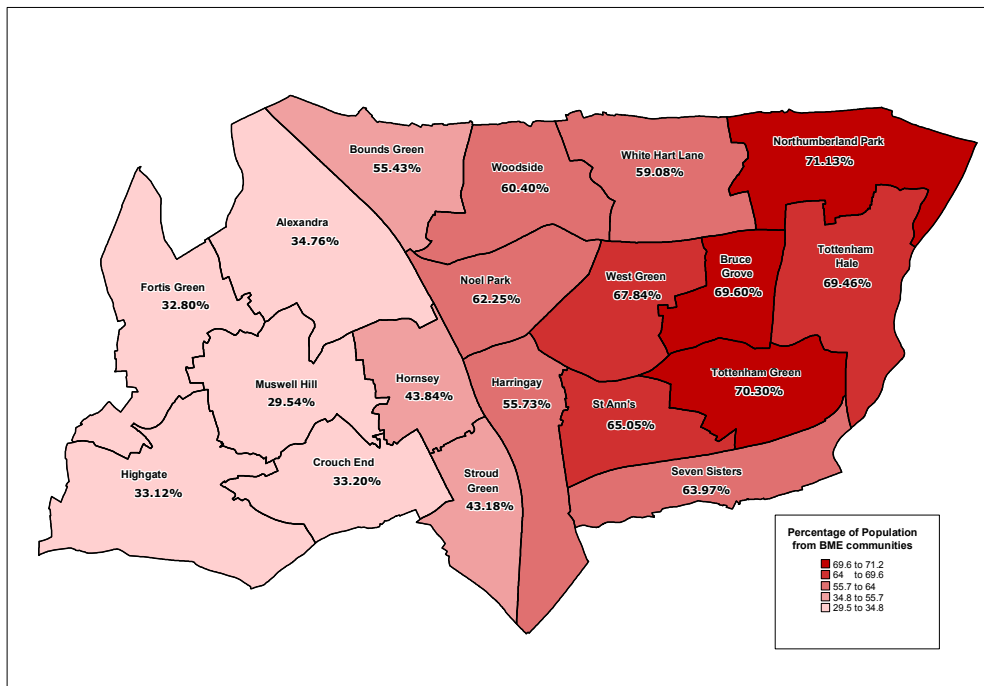
**Figure 2: Ethnic profile of Haringey**



Source: GLA R2005 projections

2.5. The GLA have not supplied ethnicity data at small area level so census data is used to describe the differences that exist within Haringey. Figure 3 illustrates the ethnic breakdown of the non-White Haringey population in 2001. It suggests that the East of the borough has much higher proportions of non-White British groups, with the highest proportion being in Northumberland Park (70%). The West of the borough is much less culturally diverse with the lowest proportion of non-White British residents in Muswell Hill (30%).

**Figure 3: Distribution of residents from BME groups in Haringey**



Source: ONS



HTPCT works in partnership with Haringey Council, other public and private organisations, the voluntary and community sector and local people to:

- provide person-centred, high-quality and accessible local health services for everyone in Haringey;
- tackle the underlying causes of ill-health;
- improve the quality of care for those who suffer from persistent ill health, including local people with long-term conditions and mental health needs; and
- manage and tackle health problems linked to health inequalities, such as the higher risk of diabetes, smoking and obesity among certain communities and amongst those living in the poorest parts of Haringey.

### 3. TACKLING RACE INEQUALITIES IN HARINGEY

#### Introduction

- 3.1. The Director of Public Health is responsible for overseeing the PCT's work around Race and Health. The Head of Diversity and Health works across the whole PCT to ensure equality and diversity issues are high on the agenda. She is also the lead for Race for Health and organises the Equity and Diversity Committee. A non Executive Director chairs the Committee, which reports to the Board. One of its functions is to monitor the progress of the Race Equality Scheme (RES) and ensure it is reviewed.
- 3.2. The RES was developed in 2005 and was last reviewed by the Strategic Health Authority in July 2006. The PCT's performance was good and had improved from the review in 2004. But despite the positive feedback on performance, the Equity and Diversity Committee decided there should be no room for complacency since there were still some areas of weakness which the Committee recommended the PCT should concentrate on to improve performance further.
- 3.3. When it was agreed that a RfH Peer Review should take place in Haringey, the PCT took it as an opportunity to focus on areas which it perceived needed improvement. At the last RfH review in July 2005, peers were presented with examples of the PCT's work with BME communities which continues to develop. For example, the Health for Haringey Project and RfH Film Programme are still running successfully. The PCT has also been doing work around diabetes, mental health, smoking cessation and equity audits. However, these projects were not used as a focus for the current review, as the PCT decided it wanted to get to grips with areas which provide a challenge. These areas – which include developing a diverse workforce; employment pathways to health; and the use of equality impact assessment for the PCT's new Primary Care Strategy – are covered in more detail below.

#### Developing a diverse workforce

- 3.4. The PCT has 840 staff working in a variety of professions and services, many of which are provided in partnership with other organisations such as Haringey Council and Great Ormond St Hospital. The PCT was one of the first to gain joint accreditation for 'Improving Working Lives Practice Plus' and 'Investors in People' in 2005.

#### *Workforce representation and staff satisfaction*

- 3.5. The PCT recognises that having a diverse workforce will help the organisation to provide appropriate services. In broad terms, the workforce is representative of the local population, as shown in the table below.

	White	Other Mixed Background	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
HTPCT Workforce	56%	2%	10%	30%	2%
LBH 2001 Census	66%	5%	7%	20%	3%

3.6. The PCT has, however, recently started to do some work on the picture across the levels within the organisation and unfortunately it is not the same; workforce monitoring for those staff employed under Agenda for Change<sup>1</sup> shows that staff from a White background are represented in greater proportions as income increases and the opposite is true for staff from BME groups. This is shown in the table below.

	White	Other Mixed Background	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Band 2	34%	1%	11%	51%	3%
Band 3	25%	2%	10%	57%	6%
Band 4	39%	3%	9%	40%	9%
Band 5	47%	5%	11%	34%	3%
Band 6	53%	8%	8%	29%	2%
Band 7	65%	3%	17%	12%	3%
Band 8a	71%	-	10%	17%	2%
Band 8b	82%	3%	6%	6%	3%
Band 8c	93%	-	-	7%	-
Band 8d	100%	-	-	-	-
Band 9	100%	-	-	-	-

3.7. In addition to this, findings from the PCT's staff survey in fact show that overall, BME staff who responded to the survey were more positive about their organisation<sup>2</sup>. However, there was not a consistency among responses, with BME staff being more positive than White staff on 10 scores and White staff more positive on 17 scores. In addition to this, although BME staff suffer disproportionately from bullying and harassment nationally, there was no significant variation in scores on the PCT's survey. However, the survey received a lower response rate from BME staff than White staff<sup>3</sup>, which might highlight issues of engagement.

### ***Admin and Clerical Staff Forum***

3.8. A forum for admin and clerical (A&C) staff was established in December 2003. The forum provided a useful opportunity for A&C staff to come together to talk about training and development opportunities, as well as other important issues. Agenda for Change was a big issue around this time and the forum was a good way of talking to staff about the changes. Staff felt that it empowered them, providing them with an improved status and a 'collective voice'. The group is, however, dormant at the moment but the PCT is looking to revitalise it.

<sup>1</sup> Agenda for Change is the single pay system in operation in the NHS. It applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers. For more information, see <http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modernisingpay/Agendaforchange/index.htm>

<sup>2</sup> With an overall score of 3.06 for BME staff compared to 2.84 for White staff.

<sup>3</sup> 25% of respondents were BME but BME staff make up 35% of the workforce.

### ***Haringey Aspiring Together***

- 3.9. Having seen the value in bringing staff together, the PCT's BME staff group – Haringey Aspiring Together (HAT) – was set up in Autumn 2003 to enable staff to share experiences and problems; raise awareness of equal opportunities and the different cultures in Haringey; provide support for personal development and leadership; and support the Board to facilitate the PCT's commitment to equality and diversity. Every employee automatically becomes a member of the group, ensuring that it is open to all staff, not just BME staff.
- 3.10. Having got off to a good start, with meetings every three months for the first year and a number of events on training and networking as well as a celebration event at the end of the first year, the group began to lose momentum. Members said that a combination of staff sickness, a lack of resources and low staff morale meant that the group ground to a halt. The PCT is now looking at how HAT can be reinvigorated to support staff, particularly BME staff, more effectively.

### ***Board representation***

- 3.11. The PCT expressed concern that while there have been two BME Non-Executive Directors in the past, there are none at present. One of the current Non-Executive Directors, who is the Chair of the Equity and Diversity Committee, has been tasked with preparing a pool of local people from BME communities who the PCT could recruit from for senior appointments. This means that the PCT will hopefully be in a more promising situation next time they advertise.
- 3.12. Haringey Council has been more successful in getting better representation at these levels so there are certainly some learning opportunities for the PCT from their experience.

### ***Moving forward***

- 3.13. Given the issues outlined above, the PCT has started working with their RfH Thinking Partner to explore the issues around workforce and staff satisfaction in greater detail. Their Thinking Partner ran two focus groups within the PCT – one for staff and one for managers – that looked at issues around recruitment and selection; training and development; and day-to-day management.
- 3.14. Training and development, in particular, came up in the groups as a key issue; having gone through some financial constraints, staff presumed there was no funding for training when in fact there was a substantial training budget. This led to staff saying they would like to see greater transparency around training and development. Personal Development Reviews (PDRs) were seen as a really important tool within the organisation, but staff expressed concerns that they were being undertaken inconsistently and relied on a good line manager to push it through.
- 3.15. Communications was another important issue that was highlighted in the focus groups, with staff unsure why HAT and the A&C group had disappeared, and how new posts were filled. Staff said that it was important that messages like this are given out to staff and that people understand why changes are made.

- 3.16. Following this work, the PCT has developed an action plan to address the issues. The action plan includes a number of short term, medium term and long term goals that will address the issues highlighted in the focus groups. The relaunch of HAT, for example, will be an important aspect of promoting training and development among BME staff, and the PCT also intends to relaunch its mentoring and shadowing schemes.

### **Employment Pathways to Health**

- 3.17. In Haringey, some people experience significant barriers to employment. While the employment rate has recently risen from 62.2% in 2004/05 to 66.2% 2005/06, it is still below the regional average. The employment rate for BME residents in particular is very low; the figure was 52.4% in 2005/06. There has been, however, quite a substantial rise in recent years, having increased from 39.9% in 2003/04.
- 3.18. Parents, particularly lone parents, find it hard to obtain work because of the high costs of childcare, limited flexibility to care for children or unsociable hours. Moreover, in the 2001 Census, 16% of households with dependent children were headed by someone who was long term unemployed or who had never worked, and this proportion is notably higher among Black African and other White families (26% and 31% respectively).
- 3.19. This means that the worklessness agenda is a very important one for Haringey. For Haringey, the most important thing of all is encouraging aspiration among local people. The Teaching Programme represents the PCT on a number of boards and therefore has strategic involvement within the borough. These include the Enterprise Partnership Board; the Employment Partnership Board; the Welfare to Work for Disabled People Partnership Board; and the Haringey Guarantee Partnership Board.
- 3.20. The Employment Pathways to Health project is led by HTPCT and is designed to help participants to move closer to the labour market and into work or training with the NHS. It is co-financed by the European Social Fund (ESF) and the Neighbourhood Renewal Fund (NRF), and is monitored by London Councils. Its objectives are to:
- deliver pre-entry vocational training that is tailored to meet the career aspirations of the registered trainees;
  - help beneficiaries gain and retain employment by providing a mentoring programme;
  - ensure that trainees are adequately prepared for work with information about health and social care employment opportunities in the borough; and
  - link beneficiaries with appropriate childcare and sources of funding.
- 3.21. The project consists of six intakes of 15 participants (90 in total) over two years and delivers a 10-week training and development course three times per year. The majority of participants come from BME communities and are primarily lone parents. Each registered beneficiary has an individual plan tailored to meet their career aspirations, using 13.5 learning hours over three days a week. This includes basic skills (literacy, numeracy and IT), NHS induction, job club and work experience placements.
- 3.22. The project has attracted a high number of beneficiaries and has overachieved on its targets for delivering training and qualifications. An initial assessment at the beginning

means that participants have a high probability of achieving a qualification and those who don't meet the initial assessment criteria are referred to other courses first.

- 3.23. Work has been carried out to measure soft outcomes of the project and shows high levels of satisfaction and increased confidence. The integration of Learn Direct training in basic skills with an induction to the NHS and the world of work has also helped to dispel the myths regarding the types of career opportunities available. In addition to this, the cohort model (three cohorts a year) means that participants are able to support one another, providing peer support and pressure which encourages participants to attend and strive for a qualification.
- 3.24. The main training centres are located at St Ann's and North Middlesex Hospital sites, providing trainees with real life experience of working within an NHS setting. Moreover, NHS work experience placements organised as part of the programme allow trainees to try out new areas of work and expand their horizons.
- 3.25. The project has been running for about a year and a half. By the end, the PCT believes around 50 participants will have got jobs, although there is a difficulty in tracking people once they have gone through the project. A recent tracking exercise found that nearly everyone who had been on the project was doing something – whether it was further training or employment. Responses from participants also indicate that their perception of the NHS improves throughout the course.
- 3.26. Following the success of the project, the Council has recently integrated this approach into its own practice and it went live in October. A lot of people in the project have since obtained jobs in the PCT. There are now questions over future funding however, as ESF and NRF draw to a close, and the PCT is looking at ways of obtaining further funding to keep the project going.

### **Equality Impact Assessment – Primary Care Strategy**

- 3.27. Inequalities in primary care have been a real driver for the development of a new 10-year Primary Care Strategy in Haringey. As illustrated in the previous section, life expectancy varies considerably across the borough. Moreover, there is huge variation within primary care services with some GP practices offering a wider range of services than others, providing better care than others and working different hours to others. In addition to this, 48% of premises fall below minimum standards; there are variations in how GPs are funded and how GPs refer people to hospital; and overall, there is insufficient coordination between GP practices and health services.
- 3.28. The new Primary Care Strategy has therefore been developed to transform this picture and aims to:
  - commission world class, high quality, responsive health services for all Haringey residents;
  - commission services that will play their part in seeking to reduce health inequalities and maximising independence;
  - tackle the unplanned variations in quality, range and accessibility of primary care services achieving greater consistency across services;
  - improve the patient experience; and

- integrate services and better manage resources.

3.29. At the heart of the strategy, is the super health centre model – an integrated model of service delivery based in six Super Health Centres that will be supported by a network of other primary care premises and community services. The PCT believes that the Super Health Centres will tackle the variation in primary care and address the clear health inequalities in the borough. They will bring services into the community and replace substandard premises with modern, purpose-built facilities, reducing the number of other premises from which primary care is currently delivered over time.

### Super Health Centre



3.30. Underpinning all of these plans is a desire within the PCT to do something that local people understand and that doesn't exacerbate the transport problems that people already face in the borough – that has been the heart of their large-scale consultation and Equality Impact Assessment (EIA). An EIA is a way of systematically and thoroughly assessing and consulting on the effects that a strategy is likely to have on people who experience inequality, discrimination or social exclusion. The PCT therefore decided to use this tool to pre-empt the possibility that the strategy could disadvantage some groups on the grounds of race, language, disability, age, gender, sexuality or faith.

3.31. The PCT has worked closely with Haringey Council and the PPI Forum to carry out this process and together developed an 8-step approach which involved the following:

- establishing aims and objectives;
- considering evidence – rapid review report;
- assessing the impact – initial assessment;
- consulting those affected – equalities event;
- mitigating adverse impact/promoting equality, social inclusion or community cohesion;
- reviewing strategy;

- monitoring and reviewing implementation; and
- publishing EIA.

3.32. Sixty consultation events were held with a range of different groups across the borough. The focus was primarily on access to primary care services and considered the impact on race, disability, gender, age, religion/belief, sexuality, deprivation and transient populations. The process highlighted some real opportunities to develop the strategy, including issues around transport and mobility; language; flexibility of services; and the distribution/variation of services.

3.33. Having completed the process, the PCT has been faced with some challenging questions that they posed to the peer review team to gain support and advice. The questions were:

- If the proposed changes fundamentally improve access for the majority of people and groups but disadvantage some groups – can this be justified if other structures or processes are put in place to mitigate the effects as much as possible on that group?
- How do we ensure a constructive debate with communities in the West of borough, who perceive investment in the East to their detriment?
- The quality of the interaction between the health professional (especially GP) and patient is a key aspect of access to care. How do we improve this and how do we monitor this in a meaningful way?
- Haringey is very diverse. How do we best meet the diverse cultural, advocacy and language needs to make our services truly accessible?

## 4. KEY FINDINGS

- 4.1. During the course of the review, the peer review team heard from PCT staff involved in delivering or leading on the key areas of work outlined in the previous section, as well as people who had benefited from particular areas of this work. For example, this included staff who were involved in the A&C Forum and HAT, as well as one of the participants from the Employment Pathways to Health project.
- 4.2. Based on these discussions, this section outlines the peer review team's key findings, both overall and in relation to the three strands of work that provided the focus for the review.

### Overall

- 4.3. The peer review team welcomed the **honesty and openness** of the PCT, and their **readiness to be self-critical**, since it allowed the PCT to be open about the advice and support they wanted from the team and showed that they were prepared to ask themselves some very difficult questions.
- 4.4. In addition to that, the PCT had **already identified the main areas of weakness**, and had **started to think about what could be done to improve**. PCT staff were very clear that they wanted support on these areas, and the team were pleased to be able to share their experiences from their own and other PCTs as examples for how some of these areas might be taken forward.
- 4.5. Moreover, the team recognised that although the PCT has been experiencing a period of change, there is evidence of impressive work that has provided real **benefits for staff and local communities** that others can learn from. Much of this is due to the energy and commitment of staff, which the team felt the PCT should harness into developing a strong vision for the organisation that has an over-arching aim of reducing health inequalities.

### Developing a diverse workforce

- 4.6. The peer review team was impressed by the work already being done to improve workforce representation and staff satisfaction outlined in the action plan and strongly supports the actions outlined in the document. In particular, the team felt that the **'bottom-up' approach** (i.e. involving people in the process) that the PCT has employed was very important and were happy to see that the action plan was being developed closely with staff. From the staff the team met, the team could see that this was **a good way of engaging staff** in the process.
- 4.7. The PCT were very clear during the course of the review that **BME representation at the senior levels of the organisation is low** and the team felt that more could be done through the action plan to tackle this problem. In particular, members of the team were keen to highlight the fact that individual career paths are rarely 'straight up' and those looking to get ahead in their careers sometimes have to move across organisations and back again to get the necessary experience. As such, the PCT could look at encouraging greater movement between the PCT and local authority to develop the skills and experience of its staff, and could learn from the local authority's

experience of these issues since they have been more successful in getting senior level representation there. The team also suggested advertising posts in local government professional journals (such as the Local Government Chronicle) and using head hunting companies to explicitly look for BME people for senior posts.

- 4.8. Moreover, looking at data on ethnicity within the recruitment process would help the PCT to understand who is applying for jobs and whether they experience any barriers or discrimination at this stage. The team also heard that having BME representation on recruitment panels is now part of the action plan and would support extending this across the borough, not just within the PCT.
- 4.9. The review also highlighted **BME representation on the Board** as a key issue for the PCT and it was very encouraging to see that the PCT has started to think about how this could be improved and were keen to take an approach that went across the public sector in Haringey. There had, for example, already been a suggestion of holding breakfast meetings with local people interested in joining the Board and in order to reach an even wider range of people, the peer review team thought that the PCT could also look at tapping into business networks and local clubs to make more people aware of the opportunities. It was also suggested that the PCT should ensure local BME organisations are sent details of public appointments and consider appointing Associate Non-Executive Directors who would be ready to step into the roles of the Non-Executives at the appropriate time.
- 4.10. The team heard that the PCT's HR strategy will be up for renewal in March/April and thought that this would be a good opportunity to make **clearer links between the action plan and next year's strategy**. Moreover, the team felt that while these processes are being putting in place, the PCT could usefully begin to think about – and be more explicit in stating – what it wants to achieve in the short, medium and long term. A more **structured framework around these desired outcomes** – not necessarily targets – could form part of the new HR strategy. Within this strategy, the PCT might also want to look more closely at the interface between the Equality and Diversity committee and the Board, to ensure that it gets **sufficient air time at Board meetings** so that discussions can be held over resources.
- 4.11. Furthermore, **communications** was highlighted as a key challenge for the PCT, through the focus groups with staff and in HAT and the A&C Forum. Improving communications within the organisation would clearly have a big impact on staff satisfaction and morale. The team therefore thought that linking the new HR strategy with a comprehensive communications strategy would be very useful, looking at more innovative ways of communicating messages to staff and being more transparent in showing how decisions are being made.

## **Employment Pathways to Health**

- 4.12. This project, delivered within the Teaching Programme, showed **real and tangible outcomes**. One target that the project had particularly over-delivered on was qualifications and in terms of individuals who had participated in the project, although not everyone got a job at the end of it, the peer review team could see that the project had helped them to be more confident and gain more knowledge to follow their desired route. It also helped the NHS to be seen as a good employer, encouraging more people to take this route. The participant who members of the team met during the review had actually been successful in getting a full time position at the PCT

following a shadowing opportunity there, although the peer review team was a little concerned that this was dependant on personal relationships rather than a formal process.

- 4.13. Moreover, as the programme has developed, it has had the **ability to be flexible** and has **adapted to suit individual needs**. This has included the opportunity to fast track people through the project if necessary. High levels of **commitment from the staff** have made this possible.
- 4.14. Given these benefits for the community, the project and the unit that it belongs to therefore have the potential to help the PCT and LSP more widely to tangibly deliver on targets. The peer review team thought that it could become **a flagship project** for the borough and be linked more closely to other worklessness programmes in Haringey.
- 4.15. In addition to this, the peer review team was unsure whether the project and the Teaching Programme itself fitted into an **overall workforce strategy**, and how HR policy and practice within the PCT maximises the delivery and benefits of the project. The team also felt that more could be done to **link in with other opportunities** in the borough and the region, such as Haringey's Local Area Agreement (LAA), the 2012 Olympics, and the Lower Lea Valley development, to help mainstream and sustain the project.
- 4.16. The success of the project meant that not much publicity was needed to encourage people to participate. If there was a down side to this, however, it would be that most of the participants were female, many of whom had childcare responsibilities that would limit their access to employment. The peer review team therefore discussed whether **greater targeting of men** was needed, and thought that there could be an opportunity to link the project with other initiatives such as the Northumberland Park approach where they are **targeting families** and linking the project to childcare provision.

There are many other examples within the Race for Health programme of projects that enable pathways into employment that the PCT might want to look at for further learning. These include programmes in South Birmingham and Berkshire East that offer opportunities to local people to help build bridges between local communities and health services.

## **Equality Impact Assessment – Primary Care Strategy**

- 4.17. The commitment that went into engaging the community in this process was impressive and the peer review team thought that it was a good example of **real consultation** that was much more than just a paper exercise. With sixty events held with different groups in the community, the process allowed the PCT to see other faces beyond the usual suspects. The team understood that this process was **deliberately comprehensive** because the changes proposed in the strategy were so fundamental and carried some political sensitivities. The PCT proposed some major variations and there were some difficult messages to convey to local people, which is why this process was so important in dispelling myths right from the start.

- 4.18. In addition to this, the PCT had established some **very good links with the local authority** to deliver this process which the peer review team were particularly impressed with. The team thought that having undergone such a successful process, it would be important to maintain momentum and see the Equality Impact Assessment as **an ongoing process**.

Bradford and Airedale PCT was recently established as a result of a merger between four PCTs. At first, there were a lot of concerns about how the merger would be managed, but the PCT decided to view it as an opportunity. One of the things they chose to focus on straight away was Equality Impact Assessments – one for every service provided in terms of race, disability and gender. Senior level involvement has been key to the process, with the Chief Executive reviewing all the action points after six months, and service managers have received training on how to do it. The process is ongoing.

- 4.19. One of the concerns for the PCT was if the proposed changes fundamentally improve access for the majority of people and groups but disadvantage other groups, can it be justified if structures or processes are put in place to mitigate the effects as much as possible? The peer review team thought that it could be justified, as long as it is **linked with other strategies for different groups**, such as young people and children, older people, and people with mental health needs. Moreover, there is need to **communicate the improvements widely** (which has obviously been done through the consultation events to a certain extent), making it clear that this is about levelling up not levelling down, so that those in the West understand why investment in the East is needed.
- 4.20. In terms of the quality of interaction between the health care professional and patient, the peer review team thought that there were some **real levers for change** in this area. These include changes in contracting and the QOF, which the team felt should be supported by training in the PCT and robust measures of patient experience.
- 4.21. With such a diverse population, meeting the needs of all people in Haringey is challenging. The peer review team felt that developing **patient profiling** would be critical in achieving this, since it is important to understand who those people are and what their needs are. Colleagues within the RfH programme have been developing this process and the PCT could look at working with them to learn from their experiences.

Liverpool PCT has been commended by the Commission for Racial Equality in achieving the Gold Standard for Ethnic Monitoring in Primary Care and was highlighted as a good practice exemplar in the Department of Health's practical guide to ethnic monitoring. Patient profiling involves the collection of data regarding ethnicity, religion, place of birth, spoken and read language in GP practices to support targeting of resources to meet local needs. After an initial pilot, 44 practices were assisted to profile their patients, with mailing costs and data entry being funded by the PCT. Over the summer of 2006, 53 practices commenced profiling, and are now meet mailing and data entry cost themselves.

## 5. RECOMMENDATIONS

- 5.1. Following the key findings outlined in the previous section, the peer review team would like to make the following recommendations to Haringey TPCT to support its improvement in race equality and specifically the areas covered during the course of the review:

### Developing a diverse workforce

- The peer review team supported the actions outlined in the workforce action plan and would recommend that time and resources are committed to carrying them out fully. The team would also like to recommend that the action plan forms part of the new HR strategy and that the PCT develops a more structured framework within the strategy around its desired outcomes.
- Communication was highlighted as a major issue for the PCT and the peer review team would therefore recommend that the HR strategy is underpinned by a comprehensive communications strategy.
- Increasing BME representation at a senior level centre is a key issue for the PCT and the peer review team would recommend that more action is taken to increase movement between the PCT and its partner organisations to encourage skill development. Practical suggestions around this include advertising in local government journals, using head hunting companies, and working more closely with colleagues within partner organisations to discuss potential arrangements and learn from their experience.
- In terms of recruitment, the peer review team would like to recommend that the PCT looks at the ethnic profile of applicants to understand who is applying for jobs in the organisation and whether there are any barriers being experienced by BME applicants during the process.
- Recommendations to support the PCT's work on developing a pool of local BME people who could potentially join the Board include holding open evenings, linking into local business networks and clubs, advertising public appointments through local BME organisations, and appointing Associate Directors.

### Employment Pathways to Health

- Being a highly successful and beneficial project, the peer review team recommends that the PCT makes this project a flagship project.
- The peer review team would also like to recommend that an overall workforce strategy is developed to link this project with other policies and initiatives, including those outside of the PCT such as the LAA, the Olympics, and the Lower Lea Valley development.

### Equality Impact Assessment – Primary Care Strategy

- The peer review team would like to recommend that the PCT builds on the success of this large-scale consultation and maintains momentum by making it an ongoing process.

- With some concerns within the PCT about how the strategy effects different groups, the peer review team recommends that the strategy is linked to other major strategies for different groups, such as children and young people, older people, and people with mental health needs.
- In order to meet the diverse needs of the population in Haringey, the peer review team recommends that the PCT looks to develop patient profiling across the borough. Within the RfH network, there are many PCTs – including Liverpool PCT – who are working on this who could offer support.

## **Appendix 1: Peer Review Team**

**Carole Adebayo**

*Health Intelligence Manager, Liverpool PCT*

**Anjali Arya**

*Thinking Partner, Haringey PCT*

**Shun Au**

*Non-Executive Director, Hillingdon PCT*

**Teresa Edmans**

*Independent health and regeneration consultant, and Thinking Partner for Waltham Forest PCT*

**Helen Hally**

*National Director, Race for Health*

**Sue Lee**

*Head of Workforce, Equality and Diversity, Berkshire East PCT*

**Mehnaz Maqbool**

*Race for Health Project Manager, Bradford and Airedale PCT*

**Wendy Natale**

*Head of Communications, Waltham Forest PCT*

**Linda Prosser**

*Associate Director, Adult Commissioning, Bristol PCT*

**Surinder Sharma**

*National Director for Equality and Human Rights, Department of Health*

**Adwoa Webber**

*Service Improvement Manager, Bristol PCT*

## **Shared Intelligence - Race for Health Learning Programme Advisors**

**Sue Charteris**

*Director, Shared Intelligence*

**Ganesh Sathyamoorthy**

*Principal Consultant*

**Laura Jenkins**

*Senior Consultant*

**Genorie Thomas**

*Network Assistant/Trainee Consultant*

## **Appendix 2: Haringey PCT Participants**

**Leo Atkins**

*Head of Teaching Programme, Haringey TPCT*

**Jonathan Bloch**

*Non-Executive Director, Haringey TPCT*

**Michele Daniels**

*Head of Diversity, Haringey TPCT*

**Sarah D'Souza**

*Head of Projects, Haringey TPCT*

**Christina Gradowski**

*Director of Corporate Services and Partnerships, Haringey TPCT*

**Nigel Redmond**

*Acting Director of HR, Haringey TPCT*

**Richard Sumray**

*Chair, Haringey TPCT*

**Gerry Taylor**

*Acting Director – Strategic Commissioning, Haringey TPCT*

## Appendix 3: The Peer Review Process

Peer Review visits are an opportunity for the host PCT to demonstrate their progress on one area of the programme that they are seeking to develop and to gain constructive challenge and advice from visiting PCTs.

Peer review is widely used as a performance improvement tool within government departments, local government, academia and the business world. It employs a cooperative, participatory and high-level approach that tends to be viewed more favourably by the host organisation than a formal inspection. Peer reviewers are 'critical friends', not inspectors. The review is owned by the organisation and the focus is constructive.

Peer review is conducted intensively over a short period of time, but peers are nonetheless able to offer a useful and independent assessment. The team is ideally made up of knowledgeable people working both at a senior and operational level within the sector, including those who understand the community perspective. This enables them to 'hit the ground running'; as they already understand the complexities of the operating environment and the strategic challenges facing PCTs